

CHILD PROTECTIVE SERVICE INVESTIGATION STANDARDS

STANDARD for MALTREATMENT BY PARENTS

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Department of Health and Family Services

MALTREATMENT BY PARENTS

Purpose

In responding to reports of maltreatment by parents, Child Protective Service (CPS) represents a community concern regarding that family's ability to adequately meet the needs of its children. At investigation, the CPS purpose is to:

- assess the safety of children in the home;
- identify the presence or absence of conditions in the home and behaviors, perceptions and attitudes of family members related to the risk of maltreatment
- assess whether the family needs services in order to change conditions related to the risk of maltreatment;
- introduce the agency as a provider of help;
- respond to immediate needs of the family; and
- if warranted, take action to control circumstances jeopardizing child safety.

Who are "Parents"?

For the purpose of this Standard, parents are:

- birth, adoptive or step-parents
- the child's guardian or legal custodian
- a parent's partner or friend who resides full-time or part-time in the home and functions in a parent role
- any other adult who resides full-time or part-time in the home and functions in the parent role

This Standard will use "parent" in referring to any of these individuals.

Definitions

"Risk of Maltreatment" Defined

"Risk of maltreatment" refers to the likelihood of future maltreatment. Risk exists on a continuum of low to high risk. "High risk" refers to a high probability of future maltreatment. "Future maltreatment" refers to any type of maltreatment, mild to severe, at any time in the future. The major purpose of risk assessment is to identify conditions, behaviors, beliefs and

attitudes that are related to the occurrence of maltreatment and therefore are critical in establishing a base for further decision making in the case.

“Safety” Defined

“Safety” is the absence of conditions that are likely to result in severe harm to the child in the immediate future and the presence of one or more adults who routinely demonstrate protective capacities. A child is unsafe if there are threatening family conditions that are out-of-control, can be expected to occur immediately or in the very near future and are likely to result in severe consequences for the child. Severe consequences include harm that is permanent in that it impairs the child’s successful physical, emotional or mental maturation, or harm that is severe, even though the disability is not permanent (such as a broken bone).

A child may be assessed to be unsafe because of present danger (the child is in danger NOW or will be in danger within the next few days) or because of impending danger (the child is likely to be in danger within the next 30 days or so). With present danger, the threats to the child’s safety are apparent because they are generally active and occur in the presence of the observer. Generally, very little analysis is required. Present danger may also include threats that will occur within the next few days. Again, this generally requires little analysis beyond the obvious: mother is incapacitated by alcohol now and the day care van will return the child home in three hours, father is frequently violent and will be returning from a business trip in two days, etc. Threats to present danger are identified at the point of intake or may be observed at the first face-to-face contact with a family member or at any point throughout the assessment.

Threats of impending danger are not as transparent and require a study of how an individual and the family function and of the meaning of behaviors, emotions, perceptions, etc. A thorough assessment is required before drawing conclusions about impending danger. Because assessing threats of present danger and threats of impending danger are different judgments, the criteria for each, though sharing similarities, are somewhat different.

“Protective Plan” Defined

A “protective plan” refers to a plan that is put in place to keep a child safe in response to present danger. These are generally obvious conditions that are identified during the course of an investigation, but prior to completion of all information gathering. Protective plans are implemented quickly following an assessment of present danger, in order to control that danger while the initial assessment/investigation of the family is being completed. A protective plan may be put in place at the first face-to-face contact or at any time during the initial assessment/investigation. A protective plan controls dangerous conditions, but is not designed to change the behavior of persons endangering a child.

A protective plan may be managed by the family or by the agency, depending upon family conditions. However, because limited information is known about family members and conditions at this point, protective plans are generally managed by the agency.

“Safety Plan” Defined

A “safety plan” refers to a plan put in place to immediately control known threats to child safety following completion of all required information gathering. This is an assessment of impending danger, which is comprehensive and requires a complete analysis of family conditions in order to make a judgment as to whether the child is likely to be unsafe over the next 30 days or so. A safety plan provides external control over conditions making a child unsafe, but is not designed to change the behavior of persons endangering the child. The safety plan, if needed, is put in place at the close of the investigation and must control the conditions making the child unsafe until treatment services are in place and can begin to have an effect on family member functioning.

A safety plan may be managed by the family or by the agency, depending upon family conditions.

“Safety Services” Defined

“Safety services” are formal or informal services that will have an immediate effect on controlling the conditions making the child unsafe. They may be provided by professional service providers in the community, para-professionals, or members of the family’s community, extended family or support network. Safety services are not aimed at changing a person’s behavior. They may, however, positively influence parental behavior in addition to controlling dangerous conditions. For example, a parent aide may provide supervision and basic parenting assistance at a time during the day when a parent most frequently loses control and lashes out physically at the children. The presence and activities of the parent aide assure that the children won’t be harmed but also provide a model for handling the children’s behavior that the parent can emulate. A safety service may provide this secondary benefit of influencing change, but its primary purpose is to provide immediate control of threats to a child’s safety.

“Family Managed Plan” Defined

A “family managed plan” is a protective or safety plan managed by the family. Family members are responsible for assuring child safety and can do so without assistance or oversight from the agency. Although the agency may assist in developing the plan, the plan is primarily developed by the family, since it will be carried out by the family. In order for such a plan to work, there must be a non-maltreating parent/adult in the household who can and will protect the child. A family managed plan may also include a role for an older teenaged child who may be supported by the non-maltreating parent in carrying out the safety plan. A family managed plan may include services provided by others, but these providers and resources are coordinated and managed by the family, rather than by the agency. The agency is usually still involved with the family in coordinating and providing treatment services to change those conditions and behaviors making the child unsafe and putting the child at risk.

“Agency Managed Plan” Defined

An “agency managed plan” is a protective or safety plan overseen by the agency. Family members should have as much input as possible, but development, coordination and monitoring of the plan is done by the agency. If a safety or protective plan is needed, and there is insufficient information to assure that a non-maltreating adult in the home can and will protect the child or it is known that there is no such adult in the home, the plan must be managed by the agency.

Collaboration

The county agency should collaborate with other agencies to the greatest extent possible in accordance with the needs and concerns of each case. Collaboration may take place with tribal social services, domestic violence advocates, public health staff, mental health or AODA staff, appropriate military staff, law enforcement personnel or other resources within the community.

Because law enforcement agencies have statutory responsibilities in the area of child abuse and neglect, working agreements are needed as to how each agency will proceed when both are involved. State statutes require that each county department “adopt a written policy specifying the kinds of reports it will routinely report to local law enforcement authorities.” [s.48.981(3)(a), Stats.] County departments should collaborate with law enforcement in developing interagency agreements that address not only what should be reported to law enforcement, but also the following:

- how parallel investigations will be conducted
- when and how joint interviewing may be conducted
- how changes in case circumstances affecting safety will be communicated
- clarification of each department’s unique role
- any other pertinent issues

It is the role of law enforcement staff to collect evidence related to possible criminal behavior and to assure the safety of both CPS staff conducting the investigation and others in the case who may need immediate protection. The role of CPS is described above in the section entitled “Purpose.”

Interagency collaboration between the county department and law enforcement agency is desirable when it enhances information gathering, reduces trauma to the child, keeps people safe and assures that each agency is able to perform its unique role. However, the county department may not suspend or delay its response, defer or abbreviate its information gathering or otherwise fail to adhere to the requirements described in statute or this Standard in deference to a law enforcement investigation. Written interagency agreements must include protocols that are consistent with the Standards.

There may be instances when more than one county department is involved in an investigation, generally when principle family members live in different counties. In these cases, county

departments must collaborate with each other to assure that the requirements of this Standard are met.

Decisions for Intake

The following decisions and supporting rationale must be documented in the record:

- Is this an appropriate child protective service referral? If a report is screened out, documentation of and the basis for the decision must be maintained. [Note: the DCFS Memo Series contains policy regarding the screening of reports of alleged child maltreatment and threats of maltreatment.]
- How urgent is the referral? What is the agency's timeframe for face-to-face contact with the principals of the report?

24-hour Responsibility

County agencies are required to initiate a diligent investigation within 24 hours of receipt of the report [ref. s.48.981(3)(c), Stats.]. The actions the agency must take, at a minimum, immediately upon receipt of a report are the following:

- Gather and document the following information, if available, from the reporter:
 - A. Alleged maltreatment, current and past, and circumstances of the maltreatment
 - B. Description of the child, highlighting current conditions and vulnerability
 - C. Description of the parents, highlighting individual functioning and parenting practices
 - D. Description of the family, highlighting general functioning, current stresses and how the family might respond to intervention
 - E. Whether the child is an Indian child, as defined by the Indian Child Welfare Act*
 - F. All household members' names and relationships, ages, address, phone numbers, schools and places of employment
 - G. Reporter's name, relationship to the family, motivation and source of information, if possible
 - H. Names of and contact information for other people with information

* Each county agency that has wholly or partially within its boundaries a federally recognized Indian reservation or a Bureau of Indian Affairs service area for the Ho-Chunk tribe must take every reasonable action to determine if a child reported to the agency is an Indian child who resides in the county. This is necessary to meet the statutory requirement that such counties provide notice of receipt of report of an Indian child to an Indian tribal agent as described in s. 48.981(3)(bm), Stats. Counties that do not have any portion of an Indian reservation or Ho-Chunk service area within their boundaries are encouraged to determine at intake if reported children are Indian children, but are not required to do so. This will facilitate decision-making and coordination at a later point (particularly if the child is placed in out-of-home care).

- Check agency records to determine if there have been previous reports of maltreatment to the child or in the family.
- Assess safety at intake and determine needed response time.
At intake, the safety question is whether the child is in present danger or if conditions placing the child in danger will come into play within a certain timeframe (for example, the alleged maltreater will have access to the child at the end of the school day or in 2 days). The information gathered must be immediately analyzed to assess urgency and determine how quickly to respond.

The pertinent criteria for assessing safety at intake are the criteria for assessing present danger. The criteria include conditions that by themselves indicate a child is in present danger (such as information that the child is being maltreated NOW) as well as conditions that in combination with others indicate danger (such as a young, vulnerable child). At a minimum, the present danger threats documented at the end of this section must be considered, dependent upon the availability of information from the reporter or other sources.

- The timeframe for initial contact with a member of the family, in person, by a CPS worker must be based on an analysis of the present danger criteria. Urgent cases, those suggesting a child needs protection or medical attention now, require an immediate response. At a minimum, all cases must include an initial face to face contact with a member of the immediate family no later than five working days after the agency's initial receipt of the report. If the referral is particularly lacking in detail or information sufficient to assess urgency is not available at intake, a more prompt response should be carefully considered, dependent on other known factors and variables. A timeframe for response within these parameters must be determined by or approved by a supervisor.
- Document all information gathered at intake, as well as the date and time the report is received by the agency.
- Document all activities and decisions related to screening and urgency, as described above, as well as the supporting rationale for the decisions.
- If the child is an Indian child and the county receiving the report has any part of an Indian reservation or service area for the Ho-Chunk tribe within its boundaries, the county must notify the tribe within 24 hours or sooner if agreed upon by the county and tribe that a report has been received as required by s.48.981(3)(bm), Stats.
- Supervisor signature indicating approval of the process and decision making is required. Supervisory approval and signature must occur within 24 hours after the agency receives the report.

Present Danger Threats to Safety

- A. Maltreatment
 - Whether maltreatment is happening at the time of the report (or the time of face-to-face contact)
 - Seriousness of injuries or condition of child
 - Multiple injuries or injuries to the face or head
 - Whether the injury demonstrates bizarre cruelty or bizarre disciplinary practices
 - Whether there are several victims
 - Injuries or circumstances that suggest premeditated abuse
 - Presence of dangerous living arrangements
 - History of reports, and whether the current report indicates an escalation in severity or frequency of maltreatment
- B. Child
 - Parent's viewpoint of child is bizarre or dangerously inappropriate in relation to child's age and development
 - Preschool child is unsupervised or alone at the time of the report (or at the time of face-to-face contact)
 - Child is aged 0-6 or otherwise unable to protect self because of physical or emotional conditions that increase vulnerability
 - Child needs medical attention at the time of the report (or at the time of face-to-face contact)
 - Child is fearful or anxious
 - Child is accessible to the alleged maltreater or will be within a very short time period
- C. Parent
 - Parent is intoxicated (alcohol or other drugs) at the time of the report (or at the time of face-to-face contact) or is consistently intoxicated
 - Parent is out of control (mental illness or other significant lack of control) at the time of the report (or at the time of face-to-face contact) or is frequently out of control
 - Parent demonstrates bizarre behaviors
 - Parents are unable or unwilling to perform basic parental responsibilities
 - Parent has characteristics that suggest dangerousness (violent behavior or threats, etc.)
- D. Family
 - Possibility of family fleeing or hiding child
 - Domestic abuse present
 - Family is isolated
- E. Other
 - Situation may/will change quickly
 - Services are inaccessible or unavailable

Decisions to be Made in the Course of Investigation

The following decisions and supporting rationale must be documented in the record, based on the information gathered during the investigation:

- Are there circumstances suggesting risk of maltreatment in this family to the identified child or any other child and, if so, what are those circumstances?
- Is any child in the family in present or impending danger of serious maltreatment (unsafe) or would any child be unsafe if it were not for the controlling interventions of a protective plan? If any children are (were) not safe, what are the conditions that made or make them unsafe and what services or agency actions are needed to control those conditions?
- Is the maltreatment or threat of maltreatment supported by the information gathered?
- Does the family have immediate needs, other than safety?
- Will the case be opened for ongoing service?
- Is court intervention needed to assure safety?

Interview Protocol

When investigating reports of maltreatment by a parent, all family members should be interviewed to ensure accurate and thorough information gathering. Each family member should be interviewed privately, in person. The order in which interviews take place should consider preserving information and minimizing the anxiety felt by the child. The following contacts are required. The order in which they are listed generally reflects good practice for sequencing interviews.

Identified Child(ren)
Sibling(s)
Non-maltreating parent (if any)
Maltreating parent

Case information or practical considerations may dictate variation from this order. Interviews with collaterals may take place at any point in the sequence. Information from collaterals should be pursued if that information is important to making any of the decisions. The date, time and circumstances of each interview should be documented in the record. By statute, the investigation must include observation of or an interview with the child, or both, and an interview with the parents. The statutes require that if the parent alleged to have maltreated the child “continues to reside in the same dwelling as the child,” the investigation must include a visit to the home. [Ref. s.48.981(3)(c), Stats.] This includes situations where a child resides intermittently with that parent, such as cases where a child has weekend and holiday visits with a non-custodial parent. [Note: If the subjects of a report reside in different counties, the counties

must work together to assure that a thorough assessment meeting all the requirements of this standard is conducted.]

Interview Content

The role of the CPS worker is to conduct an assessment of the family, through interviewing and observing family members and from gathering information from collaterals, where appropriate, to thoroughly assess risk and safety, make decisions about substantiation, develop effective protective and safety plans, and make decisions about case opening or referral to appropriate community resources.

Thorough information must be gathered on the following, at a minimum:

- A. Maltreatment and circumstances leading up to maltreatment
- B. The child's general functioning (behavioral, emotional, intellectual and physical) and effects of any maltreatment
- C. The parents' individual functioning (communication, coping, problem solving, life management, control of emotions, use of alcohol or other substances, mental health functioning, sociability/relationships with others, self-concept, etc.,)
- D. The parents' parenting practices (discipline, nurturing, understanding of child's needs and capabilities, expectations of child, satisfaction with parenting role, etc.)
- E. The family's functioning, strengths and current stresses (roles and boundaries, communication, decision making, relationships, integration into community, power distribution, presence/absence of domestic violence, organization and stability, demographics, etc.)

The information gathered and documented must be specific to the family and family members and must describe both the problems and strengths of the family and family members in terms of behaviors, perceptions, conditions, beliefs, etc, pertinent to risk of maltreatment, safety and child well being.

Interview content and worker observations and conclusions related to the above areas of information gathering must be documented in the record. If it is not possible to gather any portion of the above information because principals of the report cannot be located or refuse to be interviewed and the information cannot be obtained from other sources, this should be documented in the record.

Assessing Risk of Maltreatment

Risk assessment is an integral part of the initial assessment of the family. The information gathered must be analyzed so that specific conditions, behaviors, perceptions, beliefs, etc. which are present in the family and are related to the risk of maltreatment are identified and weighed as to their importance.

- Each county agency must use a standard process for identifying and weighing risk-related information that is applied consistently in each case and is documented in the record.
- Risk must be assessed looking at the entire family and its circumstances, not just at the identified child victim or at the identified maltreater.
- Risk must be assessed in every case, regardless of whether or not maltreatment is substantiated.

[Note: If any principal of the report refuses to be interviewed and information that mitigates concerns about risk of maltreatment cannot be obtained from other sources, the areas in which there is unknown information should be considered a potential source of risk to the child. These agency concerns should be documented in the record. If the agency is unable to intervene, because the family refuses services and the court system cannot or will not intervene, this should also be documented in the record.]

Assessing Child Safety During the Investigation

During the course of the investigation, the worker must consider whether the reported child or any other children in the home are unsafe. If a child is unsafe, the conditions rendering the child unsafe must be identified in the record, and the record must contain a plan of action based on professional judgment which is intended to manage those conditions. At this point, it is necessary to determine if the child is an Indian child, if not determined at intake, to act in accordance with the Indian Child Welfare Act. All requirements of the federal Indian Child Welfare Act must be followed for any child so identified.

- In assessing child safety in the home, the behaviors of all adults that function in a parent role must be considered, regardless of their legal relationship to the child. Safety for all children in the home must also be assessed, not just safety for the child reported as maltreated.
- Although child safety is assessed throughout the agency's involvement in the case, there are several points in the investigative process where it must be consciously and formally assessed:
 - First Face-to-Face Contact with Each Family Member: Are there present danger threats to any child in the home? (Are there conditions that place the child in danger now or are likely to place the child in danger within a few days?) If so, what action must be taken to immediately manage those threats?
 - At the Completion of the Investigation: Are there impending danger threats to any child in the home? (Are there conditions affecting the child's safety that will likely endanger the child over the next 30 days or so?) If so, what action must be taken to immediately manage those threats?
- If a child is assessed to be unsafe, immediate further study is needed to determine how the child will be kept safe. The least intrusive plan that can effectively keep the child safe should

be used. The following is a list of types of interventions to keep a child safe, from the least to the most intrusive:

- Family-managed safety plan (this may include the use of persons from the family's own support network, professional services, or placement with or temporary care from a relative)
- Agency-managed in-home safety plan with safety services provided by persons from the family's support network (extended family, friends, neighbors, religious community, etc.)
- Agency-managed in-home safety plan with safety services provided by formal community service providers
- Temporary out-of-home placement using a formal voluntary placement agreement
- Temporary out-of-home placement using the legal process

Safety Assessment at the First Face-to-Face Contact

This is the first opportunity for the worker to observe and evaluate, first-hand, conditions and behaviors that may be dangerous to the child. Generally, a worker should use the criteria for assessing threats to present danger which apply at intake in evaluating whether action must be taken quickly to protect the child. (See above.) These threats are readily observable. The worker should confirm or rule out the present danger threats that were alleged at intake and assess whether other such threats are present.

- If there are present danger threats, a protective plan must be put in place. The protective plan must remain in place until safety is thoroughly assessed upon completion of the investigation (see below).
- The protective plan should be the least intrusive plan that can effectively keep the child safe.

However, because the worker has limited information about the family at this point, care should be given to assure the protective plan has adequate controls. If the plan depends on follow-through by a non-maltreating parent or other family member, is enough known about that person to assure they can and will follow through? Case decision-making and documentation must clearly demonstrate the family's ability and commitment to keep the child safe.

- If the protective plan includes temporary placement with a relative or other unlicensed person, an assessment of that person's home and family sufficient to assure the child's safety in that placement must be conducted.
- The safety (present danger) threats that were found and the protective plan must be documented in the case record. If no safety threats were found, this also must be documented in the record.

Safety Assessment at Completion of the Investigation

Safety must be formally assessed at the completion of the investigation, when thorough information about the alleged maltreatment, child, parents, and family is known and when judgments can be made about motivation, intent, perceptions, abilities, etc., of family members. This is the first point in the case process where a safety assessment of impending danger (assessment of safety over the next 30 days) must be conducted. Even if a protective plan was

put in place during the investigation to control present-danger threats, a thorough safety assessment must still be conducted because of the availability of additional information about the family that may result in modification of the protective plan. The final safety plan, with the benefit of additional understanding of family conditions, may relax or increase the services put in place to provide for safety, or may confirm the services put in place through the protective plan.

- Safety must be assessed in all cases, regardless of whether or not maltreatment is substantiated.
- The pertinent criteria for assessing safety at the completion of the investigation are the criteria for assessing impending danger. The impending danger criteria are to be used at completion of the investigation and at any time a safety assessment of impending danger (safety 30 days into the future) is required. These criteria are documented at the end of this section.
- The information used in the safety assessment is derived from the totality of information gathered as required under “Interview Content”. Generally, the presence of one Independent Safety Threat or the presence of two or more Dependent Safety Threats indicates that a child may be unsafe. (See below.)
- Safety must be assessed based on conditions that were or would be present without the implementation of any protective plan. Safety must also be assessed based upon conditions that are normally present in the home. For example, if an abusive father is temporarily absent while the assessment is being concluded, the family must be assessed as though he were present.
- If a child is assessed to be unsafe, the agency must establish a safety plan, working with the family to the greatest extent possible. The safety plan may be a family-managed safety plan or an agency-managed safety plan, as discussed below, provided that the plan reasonably assures the safety of the child.
- If a protective plan is in place and the safety assessment indicates a need for a safety plan, the protective plan must be maintained until the safety plan can be implemented.

Impending Danger Threats to Safety

Independent Safety Threats (Conditions that, by themselves, indicate a child may be unsafe)

1. No adult in the home will perform parental duties and responsibilities.
2. One or both parents are violent.
3. One or both parents cannot control behavior.
4. Child is perceived in extremely negative terms by one or both of the parents.
5. The family does not have resources to meet basic needs.
6. One or both parents fear they will maltreat child and/or request placement.
7. One or both parents intend(ed) to hurt the child and do not show remorse.
8. One or both parents lack knowledge, skill, motivation in parenting that affects the child safety.
9. There is some indication parents will flee.
10. The child has exceptional needs which parents cannot/will not meet.
11. The living arrangements seriously endanger the physical health of the child.
12. The parents' whereabouts are unknown.

Dependent Safety Threats (Conditions that, in combination with at least one other condition, indicate a child may be unsafe)

13. The child shows effects of maltreatment, such as serious emotional symptoms or lack of behavioral control.
14. The child shows effects of maltreatment, such as serious physical symptoms.
15. One or both parents overtly reject intervention.
16. Both parents cannot/do not explain injuries or conditions.
17. The child is fearful of the home situation.
18. The child is seen by either parent as responsible for the parents' problems.
19. The maltreating parent exhibits no remorse or guilt.
20. One or both parents have failed to benefit from previous professional help.
21. The child is aged 0 through 6 years old or cannot protect self.

Establishing and Implementing Safety Plans

In developing a safety plan, the least intrusive way to keep a child safe must be considered and implemented if effective in keeping a child safe. The agency must first consider the least intrusive means and then progress to more intrusive means only if and when the less intrusive interventions can be shown to be insufficient and are documented as such in the record. The general process for progressing from least intrusive to most intrusive safety interventions follows.

Step One - Consideration of a Family-Managed Safety Plan

The agency should first determine and document whether a family managed safety plan is feasible. In order for such a plan to work, there must be a non-maltreating parent/adult in the household who can and will protect the child. The agency must assess and document how the agency knows the adult can and will protect. If the adult did not protect the child in the past, the agency must show clear evidence that conditions are now different and the adult now can and will protect the child before a family-managed plan can be judged sufficient to keep a child safe. A family-managed plan must be thorough and must demonstrate that the non-maltreating parent can identify behaviors that are a precursor to maltreatment and take appropriate action when those behaviors are manifested. A family managed safety plan may also include a role for an older teenaged child who is supported by the non-maltreating parent in carrying out the safety plan.

The maltreating adult leaving the home may be part of a family-managed safety plan or an agency-managed safety plan, depending on the controls needed to assure the safety plan is carried out and maintained. There may be instances where, because of domestic violence in the home, the only feasible plan is for the non-maltreating parent and children to leave the home and find shelter elsewhere. Because of the level of danger for family members in these situations, agency involvement and the support of law enforcement is often needed to maintain and reinforce such safety plans.

Step Two - When a Family-Managed Plan Cannot Work - Development of an Agency-Managed Safety Plan

If there is no non-maltreating parent who can and will protect, an agency-managed safety plan is needed. A safety plan must be analyzed and developed in the following manner:

- How do the identified safety conditions manifest themselves in the family?
- What safety services are needed to control those conditions?
- What is the frequency and duration of services necessary to keep the child safe? (e.g. basic life skills twice a week, supervision and monitoring at bedtime or suppertime, child care after school from 3:00 to 5:00, etc.)
- Will in-home services work in the family? (Will the family cooperate? Is the home too chaotic to deploy services? Will service providers be safe in the home?) Are any evaluations needed first (AODA, mental health, etc.) to determine if in-home services will work?
- What providers (informal and formal) are available at the times/level needed who can provide the services needed?

The above process should be conducted with the family to the greatest extent possible.

- If in-home safety services can work and providers are available as needed, the safety plan must be implemented as quickly as possible, generally within a few days. If a protective plan is in place, it must be maintained until the safety plan is implemented. The worker must assure that all providers understand their roles in keeping the child safe and that family members understand the safety plan and any roles they may have in the safety plan.

- The safety plan must be documented in the case record. Generally, it is good practice to give formal and informal safety providers a written copy of what is required of them in carrying out the safety plan.

Step Three - When In-Home Safety Services Cannot Work – Out-Of-Home Safety Plan

- If in-home safety services cannot work or services/providers are unavailable, every attempt must be made to place the child in out-of-home care.

If the agency's legal representative for filing petitions under s. 48.13, Stats., determines that a petition cannot or should not be filed, this decision, and the agency's attempts to file a petition, must be documented in the record as well.

[Note: Both federal and state law require preferential consideration of relatives when legal custody is transferred, when a child is to be placed outside of the home and when adoption is being considered.] [Ref s. 48.38(4)(bm), 48.345(4)(a), 48.355(1), Stats.]

- Regardless of where a child is placed (with a relative or in licensed foster care), safety of the placement must be assessed.
- If the child to be placed is an Indian child, all requirements of the Indian Child Welfare Act must be followed. The case record must reflect coordination with the pertinent tribe(s) and all actions taken in adherence with the Indian Child Welfare Act.

Completion of the Investigation

The investigation must be completed within sixty days after the agency's initial receipt of the report. At the completion of the investigation, the record must contain:

- Documentation of all information gathering, as described above
- Documentation of all decisions and the bases for the decisions, as described above, including documentation of the risk assessment and safety assessment(s)
- Documentation of any protective plan or safety plan, if applicable
- Documentation of closure with the family, including discussion of the results of the investigation and decisions regarding ongoing service provision *or* referral, if appropriate
- Consideration and documentation of how the family is likely to respond to intervention, if the family is being referred or opened for services
- Notice to any person determined to have maltreated a child of that determination and of his or her right to appeal that decision

- Documentation of feedback to the mandated reporter or relative reporter, if applicable
- Documentation of actions taken to comply with the Indian Child Welfare Act and to coordinate service delivery with tribal child welfare staff, if applicable
- Documentation of referrals for court intervention and subsequent court action, if applicable
- Completion of the CFS-40 form
- Supervisor signature indicating approval of the process and decision making, including any deviation from the Standard

Additional Practice Considerations

Occasionally, CPS receives a report which, upon investigation, is found to be clearly wrong. This is different than a report that is found to be unsubstantiated. These are cases where there is no ambiguity. The fact that a parent and/or child denies the alleged maltreatment is insufficient in itself to warrant a deviation from the interview protocol.

In the cases of concern here, initial interviews yield information that maltreatment has clearly not occurred **and** the family shows significant strengths in terms of individual and family functioning **and** an absence of conditions or factors indicating risks of maltreatment. Under these circumstances, completing the interview protocol is not appropriate and may be unnecessarily intrusive. The investigation may consist of interviews with just the reported child and one parent. Even though not all family members are being interviewed, all areas of required information gathering (child functioning, adult functioning, family functioning and maltreatment) must be covered until a comfort level regarding safety and low risk of maltreatment is reached. Decisions to deviate from the interview protocol must be made in conjunction with a supervisor. An example of a case where deviation might be advisable is the following:

A day care center reports that a two-year-old African American child that has just started coming to the center appears to have bruising on the buttocks. The CPS worker sees the child and interviews the mother who informs the worker that the child has Mongolian spots. This is verified by the family's pediatrician. The child is observed by the worker and by day care staff to be happy and developmentally on target. In addition, the mother is clearly attached to the child, enjoys being a parent and is very aware of her child's needs, communicates well, appears to manage her home and her work responsibilities well, reasonably describes her family as new to the community but adjusting well, etc.

CPS may also receive reports that are clearly wrong in other ways. For example, a report is received that two pre-schoolers are being routinely abused. When the CPS worker goes to the address given, there are only teenagers living in the home, and no pre-schoolers are cared for in

that home. In such cases, the agency does not conduct an investigation. The fact that a wrong family or wrong address was reported is documented in the record.

Although the protocol generally calls for interviewing each family member in private, there are times when the presence of others may be needed to gather accurate information and reduce the anxiety of the person being interviewed. A translator may be needed when language is a difficulty. Assistance may be needed from a mental health professional when interviewing a person with significant mental health problems or other special needs. Children may need a person they know and trust to be present in order to minimize their anxiety. The decision as to whether to include another person in the interview is an agency decision. The agency should take all reasonable steps to gather information that will assist in making these decisions prior to the interviews.

Issues of Custody

A child abuse or neglect report may allege maltreatment of a child who resides part-time with each of two divorced parents or resides with one parent and has visitation with the other. In such circumstances, the investigation should focus on assessing the household within which the maltreatment is reported to have occurred or within which there are concerns of risk of maltreatment. A report may not be dismissed or screened out because the family is simultaneously experiencing disputes regarding custody.

Under some circumstances, the CPS worker and supervisor may judge that the investigation should focus on both households. If information gathered indicates possible maltreatment or risk in conjunction with the other parent, the scope of the investigation may be expanded to include both households. This may also be necessary to assess motivation in reporting when reports originate from a parent.

Agencies sometimes receive repeated reports of allegations of maltreatment between divorced parents. Again, the report may not be dismissed merely because of the conflicts regarding child custody or its circumstances.

The report must receive a thorough investigation, as described by this Standard. If information gathered indicates no maltreatment and the family exhibits strengths and an absence of conditions suggesting risk to children, subsequent similar reports of maltreatment may not require a response in accordance with this Standard. A subsequent report may be documented and screened out if:

- the report contains no new information,
- there has been no change in the makeup of the household,
- the previous report which was thoroughly assessed was very recent, and
- there is no reason to suspect that family conditions suggesting risk to children have developed since the previous assessment

APPENDIX

Definitions for Independent Safety Threats

No adult in the home will perform parental duties and responsibilities.

This refers only to adults (not children) in a caretaking role. Duties and responsibilities should be considered at a basic level consistent with the safety criteria of immediacy, controllability, and severity/vulnerability as in food, clothing, shelter, and level of supervision.

One or both parents are violent.

This includes aggressive behavior or emotion.

One or both parents cannot control behavior.

This includes other than aggressive behavior or emotion. For instance, a seriously depressed person may not be able to control his emotion and behavior or a chemically dependent parent may be unable to control the effects of the dependency. This could, therefore, have an effect on the safety of the child.

Child is perceived in extremely negative terms by one or both of the parents.

The word “extremely” is meant to suggest a perception which is so negative, it would if present create a safety concern for the child. Examples include: a parent who sees their child as possessed by the devil, a parent who sees their child as acting in ways solely to cause the parent pain and suffering, a parent who perceives their child as being out to get them. In order for this condition to apply, these types of perceptions must be present and the perceptions must be inaccurate.

Family does not have resources to meet basic needs.

“Basic needs” means shelter, food, and clothing. This includes both the lack of such resources and the lack of capacity to use such resources if they were available.

One or both parents fear they will maltreat child and/or request placement.

In considering this item, apply the criteria of controllability, immediacy and severity/vulnerability.

One or both parents intend(ed) to hurt child and do not show remorse.

“Intended” suggests that before or during the time the child was mistreated, the parents’ conscious purpose was to hurt the child. This should be distinguished from an instance in which the parent meant to discipline or punish the child and the child was hurt.

One or both parents lack knowledge, skill, motivation in parenting which affects the child's safety.

The safety definition of immediacy, controllability and severity/vulnerability applies here. Parenting qualities of a basic nature apply. The judgment is based on parents' lacking basic knowledge or skill that prevents them from meeting the child's basic needs. The lack of motivation results in parents abdicating their role to meet basic needs or failing to adequately perform the parent role which would meet the child's basic needs. The inability/unwillingness to meet basic needs creates a safety concern for the child.

There is some indication parents will flee.

If the facts suggest that the family will hide the child by changing residence, leaving the jurisdiction, or refusing access to the child and the consequences for the child may be severe and immediate, this applies.

Child has exceptional needs which parents cannot/will not meet.

"Exceptional" refers specifically to child conditions which are either organic or naturally induced (as opposed to parental) such as retardation, blindness, physical handicap, etc. The key here is that the parents will not/cannot meet the child's needs.

Living arrangements seriously endanger the physical health of child.

Refers to conditions in the home that may be life threatening or could seriously endanger the physical health of the child, as in the situation where people discharge firearms without regard to who might be harmed or where the lack of hygiene is so dramatic as to cause or potentially cause serious illness. To meet the safety definition, home conditions must be immediately threatening.

Parents' whereabouts are unknown.

The whereabouts of parents or adult caretakers of the child are unknown at the time when the initial assessment and safety evaluation are being completed and documented and this affects the safety of the child.

Definitions for Dependent Safety Threats

Child shows effects of maltreatment, such as serious emotional symptoms and lack of behavioral control

The key words here are "serious" and "lack of behavioral control." "Serious" suggests that the child's condition has immediate implications for intervention, such as extreme emotional vulnerability and suicide prevention. Again, the safety definition applies in terms of immediacy, controllability, and severity/vulnerability. "Lack of behavioral control" describes the provocative child who stimulates reactions in others.

Child shows effects of maltreatment such as serious physical symptoms.

The key word here is “serious.” “Serious” suggests that the child’s condition has immediate implications for intervention, such as need for medical attention or extreme physical vulnerability.

One or both parents overtly reject intervention.

The parent or parents refuse to see the worker or let the worker see their child.

Both parents cannot/do not explain injuries or conditions.

Parents are unable or unwilling to provide an explanation regarding the maltreating conditions or injuries which is consistent with the facts.

Child is fearful of home situation.

“Home situation” includes specific family members and/or other conditions in the family such as the frequent presence of known drug users in the household.

Child is seen by either parent as responsible for the parents’ problems.

Child is blamed by the parents (adult caretakers) as causing their problems and this attitude will likely result in a safety concern for the child.

Maltreating parent exhibits no remorse or guilt.

The maltreating parent demonstrates no evidence of remorse or guilt for his/her actions.

One or both parents have failed to benefit from previous professional help.

“Previous professional help” suggests that a record of the experience exists and is known. This applies to the parents’ adult lives and should relate to problems that are pertinent to risk and safety.

Child is aged 0 through 6 years or cannot protect self.

If the child is 0 through 6 this influence applies. If a child 7 years of age or older and information confirms the child cannot protect himself or herself (level of vulnerability) then this influence applies.